



BRUCE KING  
GOVERNOR

State of New Mexico  
**ENVIRONMENT DEPARTMENT**  
Harold Runnels Building  
1190 St. Francis Drive, P.O. Box 26110  
Santa Fe, New Mexico 87502  
(505) 827-2850

JUDITH M. ESPINOSA  
SECRETARY

RON CURRY  
DEPUTY SECRETARY

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

**HAZARDOUS WASTE PERMIT FEE**

**Facility Name:** US Department of Energy (DOE)/Los Alamos  
National Laboratory (LANL)

**Facility Owner:** Jerry Bellows, US DOE

**Facility Operator:** Allen J. Tiedman, LANL

**Facility ID number:** NM0890010515

**Permit Fee Due:** \$22,000

**Permitted Unit:** Packed Bed Reactor/Silent Discharge  
Plasma

**Date of Bill:** July 6, 1993

Your Research Development and Demonstration Permit Application has been accepted for technical review and permit preparation. In accordance with the New Mexico hazardous Waste Management Regulations, the fee indicated above has been assessed. Please, send to the letter-head address above, payment in the form of a check, made out to:

**NMED Hazardous Waste Permit Fees**

Please indicate on the remittance the following information:

**Activity 50, Rev. Code 169, Deferred Rev. Code 230075 (A 50-  
DRC 280075)**

Thank You.



5119

PROPOSED REVISION

TABLE 11.6  
PERMIT FEE WORKSHEET

FACILITY NAME DOE / LOS ALAMOS NATIONAL LABORATORY  
 EPA ID NUMBER NM 0890010515  
 PERMITTED ACTIVITY RESEARCH, DEVELOPMENT & DEMONSTRATION -  
 (By Unit) PACKED - BED REACTOR / SILENT DISCHARGE  
PLASMA

GROUNDWATER MONITORING? YES \_\_\_ NO X

ESCAPED CONSTITUENTS? YES \_\_\_ NO X

PUBLIC PARTICIPATION? YES \_\_\_ NO X

	FEE CALCULATION	REMARKS
BASIC PERMIT	\$ <u>10,000</u>	<u>                    </u>
OPERATING UNIT 1	<u>8,000</u>	<u>                    </u>
OPERATING UNIT 2	<u>                    </u>	<u>                    </u>
OPERATING UNIT 3	<u>                    </u>	<u>                    </u>
OPERATING UNIT 4	<u>                    </u>	<u>                    </u>
OPERATING UNIT 5	<u>                    </u>	<u>                    </u>
OPERATING UNIT 6	<u>                    </u>	<u>                    </u>
POST-CLOSURE CARE UNIT 1	<u>                    </u>	<u>                    </u>
POST-CLOSURE CARE UNIT 2	<u>                    </u>	<u>                    </u>
POST-CLOSURE CARE UNIT 3	<u>                    </u>	<u>                    </u>
POST-CLOSURE CARE UNIT 4	<u>                    </u>	<u>                    </u>
SUB TOTAL	\$ <u>18,000</u>	
PUBLIC PARTICIPATION FEE	<u>4,000</u>	
TOTAL FEE DUE	\$ <u>22,000</u>	